

Exhibit A

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

PLANNED PARENTHOOD SOUTHWEST OHIO REGION, <i>et al.</i>,	:	
	:	
Plaintiffs,	:	Case No. 1:15-CV-568
	:	
v.	:	JUDGE MICHAEL R. BARRETT
	:	
BRUCE T. VANDERHOFF,¹	:	
<i>In his official capacity as the</i>	:	
<i>Director of the Ohio</i>	:	
<i>Department of Health,</i>	:	
	:	
Defendant.	:	

Expert Report of Richard J. Hamilton MD FAAEM FACMT FACEP

Board Certified in Emergency Medicine and Medical Toxicology

1. I am Richard J. Hamilton. I am the Chair of Emergency Medicine for the Drexel University College of Medicine and Emergency Medicine System Chair for the Crozer Health System. My business address is One Medical Center Blvd., Chester, Pennsylvania 19013. This is my expert report, which describes the opinions I plan to offer in the above-captioned litigation.

Assignment

2. I have been retained by the Ohio Department of Health to provide my expert opinion as an emergency medicine physician in the above-captioned litigation.

¹ Bruce T. Vanderhoff has been named the Director of the Ohio Department of Health and automatically substitutes as a defendant in this case. Fed. R. Civ. P. 25(d).

Qualifications

3. I have been in the academic practice of Emergency Medicine since 1994 and Medical Toxicology since 1997. I completed an Emergency Medicine Residency in 1994 and a Fellowship in Medical Toxicology in 1997. I am a retired Captain in the United States Navy, having served as a U.S. Naval Flight Surgeon. I have been in leadership roles involving interfacility transfer in a number of situations—including my role as Chief of Medical Operations at the Naval Air Development Center, my role as Chief of Service and subsequently Chair at Drexel University College of Medicine at Hahnemann University Hospital, and my current role as Chair of Emergency Medicine for the Crozer Hospital Health System.
4. I have provided expert medical testimony on the issue of interfacility transfer agreements and surgical centers in *EMW Women's Surgical Center v. Glisson* in the U.S. District Court for Western District of Kentucky. I have also provided expert testimony on interfacility transfers involving medical malpractice in *Barefield v. Whalen* on behalf of defendant Whalen in Philadelphia County. In addition, please see my C.V., attached as Appendix A to this report, which includes my training and publications.
5. I have been retained by the Ohio Department of Health to provide expert testimony in this case. I am to receive \$450.00 per hour for a maximum of 44 hours for my work in this case, plus expenses incurred.
6. In the past four years, I provided expert witness testimony (at trial or by deposition) in the following cases:
 - 2019 - *United States v. Semler* on behalf of the U.S. Attorney's Office (U.S. District Court for the Eastern District of Pennsylvania)

- 2017 - *EMW Women's Surgical Center, P.S.C. v. Glisson* (U.S. District Court for the Western District of Kentucky)
- 2017 - *Salifu v. University Hospital* on behalf of defendant University Hospital (NJ)
- 2017 - *Warren v. Hesse* on behalf of defendant Hesse (PA)
- 2017 - *Barefield v. Whalen* on behalf of defendant Whalen (Philadelphia, PA)

Background

7. I understand that Plaintiffs are suing the Director of the Ohio Department of Health regarding Ohio's written transfer agreement requirements for ambulatory surgical facilities.
8. I understand that Ohio law requires an ambulatory surgical center to enter into a written transfer agreement with a local hospital specifying effective procedures for patient transfer.
9. I also understand that Ohio law allows an ambulatory surgical center to request a variance from the written transfer agreement requirement by submitting certain documentation and receiving a determination from the Ohio director of health that the ambulatory surgical center can achieve the purpose of a written transfer agreement in the absence of one.

Documents Reviewed

10. I have reviewed the following case documents or other materials in preparing this expert report:
 - Plaintiffs' Second Amended Complaint for Declaratory and Injunctive Relief
 - Declaration of Norman Schneiderman, M.D., dated 5/1/2019
 - Declaration of Paula J. Hillard, M.D., dated 7/30/2019

- Planned Parenthood Southwest Ohio Region's March 30, 2018 request for a variance
- Ohio Revised Code § 3702.303
- Ohio Revised Code § 3702.304

Basis and Summary of Opinions

11. My expert testimony is based on my 25 years of experience as (1) a practicing emergency physician who has both transferred patients out from facilities (hospitals, outpatient clinics, as well as research and training facilities) and received those patients in transfer as an emergency physician practicing at a number of tertiary care hospitals throughout my career; (2) as a physician who, in various leadership and directorship roles, has created interfacility transfer agreements; and (3) as an expert in emergency medicine who has testified to the standard of care regarding the care of emergency patients, the Emergency Medical Treatment and Labor Act (EMTALA), and the interfacility transfer of patients.

12. I reserve the right to update the opinions contained herein prior to trial.

13. In my professional medical opinion, interfacility transfer agreements are both necessary and effective in significantly reducing the risk of harm to patients undergoing office-based procedures and surgery at ambulatory surgery centers. Transfer agreements memorialize the relationship and responsibilities of the sending and receiving facilities. They also memorialize the "hand-off" communication process through an agreed-upon transfer protocol. Inadequate hand-off communication is the source of adverse events in patient care. Patients who are transferred according to a written transfer agreement with adherence to a transfer protocol have more complete information, smoother transitions of care, and better outcomes than when there is not an agreed-upon protocol or when the transfer is not

in compliance with the agreed-upon protocol. It is in the best interest of the patient, the sending facility, and the receiving facility to have a written interfacility transfer agreement with a transfer protocol that creates the opportunity for a high-quality hand-off that optimizes patient care.

I. The Need for Written Interfacility Transfer Agreements Requiring Transfer Protocols

14. The Joint Commission (TJC) is an entity that accredits hospitals in the United States. It gathers data on sentinel events, which are unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof. In studying these events in health care, as well as safety issues in other industries such as manufacturing and aviation, TJC concludes that a failed hand-off communication is one of the major contributing factors to sentinel events and adverse outcomes in health care.²
15. In 2006, TJC established a National Patient Safety Goal that addressed hand-off communication, and this became a standard in 2010.³ It requires that the organization's process for hand-off communication provide for the opportunity for discussion between the giver and receiver of patient information (e.g., patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these). These standards apply to communication between caregivers within hospitals and other health care settings, as well as between hospital caregivers and those not located in a hospital, such

² The Joint Commission, *Sentinel Event Alert*, Issue 58 (Sept. 12, 2017), at 1-2, 5, [https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_58_hand_off_comms_9_6_17_final_\(1\).pdf?db=web&hash=5642D63C1A5017BD214701514DA00139](https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_58_hand_off_comms_9_6_17_final_(1).pdf?db=web&hash=5642D63C1A5017BD214701514DA00139) (last visited Nov. 1, 2020).

³ *Id.* at 1.

as an outlying facility. Senders are responsible for sending or transmitting patient data and releasing the care of the patient to receivers, who have been identified as those who will receive patient data and accept care of the patient.

16. Tools advocated by TJC such as the SBAR (Situation-Background-Assessment-Recommendation) technique are used throughout health care today to structure communication between members of the health care team about a patient's condition. SBAR stands for S = Situation (a concise statement of the problem), B = Background (pertinent and brief information related to the situation), A = Assessment (analysis and considerations of options—what you found/think), R = Recommendation (action requested/recommended—what you want). The SBAR creates an easy and focused way to set expectations as to the “what” and “how” for communication between health care personnel. This is essential for good teamwork, patient safety, and good outcomes.⁴

17. Noted surgeon Atul Gawande, M.D., wrote in his book, *The Checklist Manifesto*:

[C]hecklists seem able to defend anyone, even the experienced, against failure in many more tasks than we realized. They provide a kind of cognitive net. They catch mental flaws inherent in all of us—flaws of memory and attention and thoroughness. And because they do, they raise wide, unexpected possibilities.⁵

⁴ See generally Institute of Medicine, *To Err Is Human: Building a Safer Health System* (Linda T. Kohn, Janet M. Corrigan & Molla S. Donaldson eds., 2000); ERROR REDUCTION IN HEALTH CARE: A SYSTEMS APPROACH TO IMPROVING PATIENT SAFETY (Patrice L. Spath ed., 2d ed. 2011).

⁵ ATUL GAWANDE, *THE CHECKLIST MANIFESTO: HOW TO GET THINGS RIGHT* 48 (1st ed. 2010).

18. The refrain that a checklist or protocol—and a written transfer agreement requiring one—are unnecessary is not a new one. Many argue that these sorts of tools are superfluous and that good patient care and provider communications occurs “as a matter of course.”
19. Gawande also details this dismissal of the concept and the general reluctance to use checklists:

We don't like checklists. They can be painstaking. They're not much fun. But I don't think the issue here is mere laziness. There's something deeper, more visceral going on when people walk away not only from saving lives but from making money. It somehow feels beneath us to use a checklist, an embarrassment. It runs counter to deeply held beliefs about how the truly great among us—those we aspire to be—handle situations of high stakes and complexity.⁶

20. Health care organizations that are trying to deliver high-reliability patient care develop and implement hand-off tools, checklists, and protocols to guide care throughout the organization. An interfacility transfer agreement is the foundation for creating a type of checklist or communication tool called a transfer protocol. A transfer protocol is the communication tool or checklist that guides the process of a high-quality hand-off communication between the sending and receiving facilities. Failed hand-offs are the common factor in many bad outcomes in health care. An interfacility transfer agreement memorializes the agreed-upon transfer protocol. This written transfer agreement and transfer protocol contain a number of key elements: (1) the circumstances under which an emergency transfer should take place, (2) a list of the documentation that must accompany the patient to the hospital, and (3) the procedure for accomplishing the transfer (assignment of roles and responsibilities to sending facility staff and receiving hospital staff,

⁶ *Id.* at 173.

in particular around communication, and the method of transportation by which patients will be conveyed to the receiving hospital).

II. Key Guidelines and Policy Statements Recognize the Importance of Written Transfer Agreements

21. The 2020 Clinical Policy Guidelines for Abortion Care published by the National Abortion Federation clearly recognize the need for high-quality hand-off communication.⁷ These policy guidelines recommend protocols and transfer agreements for managing medical emergencies:

Standard 14.1. Protocols for the management of medical emergencies must be in place. These protocols must include indications for emergency transport and written, readily available directions for contacting external emergency assistance (e.g., an ambulance).

Recommendation 14.1.1. Protocols for the following topics should be in place: bleeding, perforation, respiratory arrest/depression, anaphylaxis, and emergency transfer.

Recommendation 14.1.2. Staff should review protocols annually.

Option 14.1.2.1. Annual drills of the emergency protocols are encouraged.

Recommendation 14.1.3. Clinics should consider developing a transfer agreement with a hospital outlining the means of communication and transport and the protocol for emergent transfer of care.⁸

22. Emergency Physicians are involved in patient transfers on a daily basis. The emergency department of large urban teaching hospitals such as the one I practice in receive patients on a daily basis from other hospitals, nursing homes, outpatient dialysis centers, and ambulatory surgery centers. In some cases, even large hospitals will transfer patients to

⁷ See generally NATIONAL ABORTION FEDERATION, *2020 Clinical Policy Guidelines for Abortion Care*, <https://prochoice.org/store/clinical-policy-guidelines/> (last visited Nov. 1, 2020).

⁸ *Id.* at 53.

other hospitals so that patients receive specialized care. However, even small community emergency departments receive and transfer patients. Transferring patients and developing a high-quality hand-off communication tool is such a ubiquitous component of the practice improvement in emergency medicine that the American College of Emergency Physicians has issued a policy statement on Appropriate Interfacility Patient Transfer that states that interfacility agreements should be in place to provide optimal care at a specialized medical facility (e.g., hospital with gynecologic services).⁹

23. The most applicable components of the above-mentioned policy are as follows:

When transfer of patients is part of a regional plan to provide optimal care at a specialized medical facility, written transfer protocols and interfacility agreements should be in place.

To ensure optimal patient care, nonhospital medical facilities should abide by transfer standards much the same as those outlined above. Laws and regulations relevant to the Emergency Medical Treatment and Labor Act¹ (EMTALA) exist in many states. Physicians who participate in patient transfer decisions should be aware of applicable federal and state-specific transfer laws and regulations.

^[1]The Emergency Medical Treatment and Active Labor Act, as established under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42 USC 1395 dd) and 42 CFR 489.24; 42 CFR 489.20 (EMTALA regulations).¹⁰

24. Furthermore, when the need to transfer patients is infrequent, interfacility agreements and established transfer mechanisms serve as an important structure and framework to ensure patient safety because of the infrequency with which the sending and receiving facilities interact and perform hand-off communications. Infrequent communication between

⁹ See generally AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, *Policy Statement: Appropriate Interfacility Patient Transfer* (2016), <https://www.acep.org/patient-care/policy-statements/appropriate-interfacility-patient-transfer/> (last visited Nov. 1, 2020).

¹⁰ *Id.* at 2.

providers is more likely to lead to a failed hand-off communication, which heightens the need for an interfacility transfer agreement. Providers can use a written transfer agreement and its attached protocols to make the transfer more efficient and less prone to errors and omissions.

III. EMTALA Does Not Obviate the Need for Written Transfer Agreements

25. In addition, while it is true that EMTALA stipulates that an emergency department must treat and stabilize any patient it receives, receiving a patient in an emergency department via EMS from a surgical center without appropriate documentation (e.g., medical records) and verbal communication between providers is the least safe transition of care. This relies on the patient to have a thorough knowledge of her condition while she is most compromised. In fact, the EMS report of the National Highway Traffic Safety Administration emphasizes that protocols and agreements result in improved outcomes, increased efficiency, greater confidence, improved communication, and more rapid transport.¹¹

26. EMTALA obligations do not nullify the need for written transfer agreements. EMTALA requires any patient sent to a hospital emergency department to receive care. However, compliance with EMTALA is not the objective of a written transfer agreement. Written transfer agreements establish an agreed-upon protocol for patient transfer and create a clinical obligation between facilities, memorializing an understanding between two facilities to abide by a transfer protocol. For example, Miami Valley Hospital South's Level III Trauma Center explains that as part of its high-quality, safe, and effective care, it "[h]a[s]

¹¹ See generally NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION, *Guide for Interfacility Patient Transfer* (Apr. 2006), https://www.ems.gov/pdf/advancing-ems-systems/Provider-Resources/Interfacility_Transfers.pdf (last visited Nov. 1, 2020).

transfer agreements in place for patients needing more comprehensive care at a Level I trauma center, such as Miami Valley Hospital.”¹²

27. Written transfer agreements are needed because necessary communication does not simply occur as a matter of course. If it was truly the case that providers communicate as a matter of course, health care would not continue to struggle to reduce medical errors and improve patient safety. *To Err Is Human* is the title of the landmark article on medical error by the Institute of Medicine for a very good reason.¹³ In my experience, necessary communication does not happen as a matter of course unless it is mandated in transfer protocols and checklists created by written transfer agreements. Finally, as discussed above, the National Abortion Federation clearly provides for transfer agreements and protocols.¹⁴

Ohio’s Variance Statute, Revised Code § 3702.304

28. In the absence of an executed interfacility transfer agreement, a consultant physician with admitting privileges at the receiving hospital can function to achieve the purpose of a written transfer agreement in the absence of one if all of the requirements of Ohio Revised Code section 3702.304(B)(1)-(4) are met **and**

¹² Premier Health, *Miami Valley Hospital South’s Level III Trauma Center*, <https://www.premierhealth.com/services/emergency-and-trauma/trauma-services/miami-valley-hospital-south-s-level-iii-trauma-center> (last visited Nov. 1, 2020).

¹³ Institute of Medicine, *To Err Is Human: Building a Safer Health System* (Linda T. Kohn, Janet M. Corrigan & Molla S. Donaldson eds., 2000).

¹⁴ See NATIONAL ABORTION FEDERATION, *2020 Clinical Policy Guidelines for Abortion Care*, at 53, <https://prochoice.org/store/clinical-policy-guidelines/> (last visited Nov. 1, 2020).

- a. the consultant physician ensures that a verbal hand-off communication between the sending surgical facility and the receiving hospital emergency department or inpatient unit will occur at the time of transfer; and
- b. the receiving hospital acknowledges (even without signing a written transfer agreement) that patients will arrive in its emergency department in the above manner.

Conclusion

29. In conclusion, it is my opinion that ambulatory surgical centers and receiving hospitals should have written interfacility transfer agreements and transfer protocols in place to guide hand-off communication for the following reasons:

- a. Interfacility written transfer agreements and transfer protocols that guide hand-off communication improve safety and optimize opportunity for better outcomes—they are in the patient's best interest.
- b. Interfacility written transfer agreements and protocols are a well-recognized standard for outpatient surgery and procedures and are included in the National Abortion Federation Guidelines.
- c. Receiving hospitals that might otherwise receive a patient from ambulatory surgical facilities via emergency transfer should participate in these agreements and protocols to expeditiously and efficiently ensure that communication between providers and transfer of records between sending and receiving facilities are optimized.
- d. An interfacility written transfer agreement reflects and memorializes the agreement to adhere to a transfer protocol and hand-off communication process and is a key component of enhanced patient safety.

30. In the absence of an executed interfacility transfer agreement, a consultant physician with admitting privileges at the receiving hospital can function to achieve the purpose of a written transfer agreement in the absence of one if all of the requirements of Ohio Revised Code section 3702.304(B)(1)-(4) are met and

- a. the consultant physician ensures that a verbal hand-off communication between the sending surgical facility and the receiving hospital emergency department or inpatient unit will occur at the time of transfer, and
- b. the receiving hospital acknowledges (even without signing a written transfer agreement) that patients will arrive in its emergency department in the above manner.

I declare under penalty of perjury that the foregoing is true and correct, and if called as a witness I would testify competently thereto.

Dated: November 29, 2021

A handwritten signature in dark ink, appearing to read 'Richard J. Hamilton', is written over a horizontal line.

Richard J. Hamilton, MD FAAEM FACMT FACEP

CONFIDENTIAL

APPENDIX A

A. Richard J. Hamilton, MD, MBA, FAAEM, FACMT, FACEP

B. Address:

Richard J. Hamilton MD FAAEM, FACMT, FACEP
Chair, Department of Emergency Medicine
Crozer Keystone Health System
Professor and Chair
Department of Emergency Medicine
Drexel University College of Medicine
Regional Associate Dean for Crozer Keystone Health System
One Medical Center Blvd.
Chester, PA 19013

C. Education

B.A., Biology with Honors, University of Pennsylvania, Philadelphia, PA,
Benjamin Franklin Scholar 1979-1983

M.D. Hahnemann University, now Drexel University College of Medicine, Philadelphia,
PA 1983 – 1987

M.B.A LeBow College of Business, Drexel University, 2019 - 2021.

D. Post Graduate Training

Internship - Transitional Year, San Diego Naval Hospital, San Diego, CA. June 27, 1987
to June 30, 1988

Aerospace Medicine - Naval Aerospace Medical Institute, Pensacola FL. October 1, 1988
to April 6, 1989

Emergency Medicine Residency - Bronx Municipal Hospital Center, Jacobi Hospital,
July 1991 to June 1994

Fellow, Medical Toxicology - New York University, New York City Poison
Center, July 1995 to June 1997

E. Employment History and Faculty Appointments

United States Navy initial active duty period 1987 – 1991 (see Military)

Sacred Heart Hospital, Norristown PA Attending Physician - Emergency Medical
Department, June 1989 to May 1991. (Part time)

Bronx Municipal Hospital Center, Emergency Medicine Resident, 1991-1994

Phelps Memorial Hospital, North Tarrytown, NY Attending Physician - Emergency Medical Department, January 1993 to June 1997. (Part time)

New York University / Bellevue Hospital
Instructor Clinical Surgery / Emergency Medicine -New York University / Bellevue Hospital Center- July 1994 to June 1997.

Drexel University College of Medicine
Medical Director, Emergency Center, Medical College of Pennsylvania Hospital
July 1997 to June 2000.
Assistant Professor of Emergency Medicine, 1997-2001
Program Director, Emergency Medicine, January 1999 to 2007
Director, Medical Toxicology Fellowship, Department of Emergency Medicine, 1998 to 1999.
Clinical Service Chief, Emergency Medicine – Hahnemann University Hospital
December 2000 to June 2002
Associate Professor of Emergency Medicine, 2000 - 2006
Chair, Department of Emergency Medicine 2006 to present
Professor of Emergency Medicine, 2006 to present

Attending Physician, Pediatric Emergency Medicine, St Christopher's Hospital for Children -August 2019 to present

Chair, Emergency Medicine, Crozer Keystone Health System, Pennsylvania – January 2020 to present

Facility Medical Director, Crozer Chester Medical Center, Chester PA, TeamHealth – January 2020 to present

Professor and Chair, Department of Emergency Medicine, Drexel University College of Medicine – June 2006 to present

Regional Associate Dean, Crozer Keystone Campus, Drexel University College of Medicine – January 2020 to present

F. Board Certification

American Board of Emergency Medicine, Emergency Medicine 1995, 2005, 2015
American Board of Emergency Medicine, Medical Toxicology 1998, 2008, 2018
Licensed in PA MD 0343517E, DEA # available

G. Military Service

Captain, US Navy, Medical Corps, Retired 2011
Designated US Navy Flight Surgeon 1989

Transitional Internship Naval Hospital San Diego, June 1987 to June 1988

Staff Medical Officer - Primary Care Clinic and Emergency Medical Ambulatory
Referral Clinic, San Diego Naval Hospital, San Diego CA. July 1, 1988 to September 30,
1989.

Auxiliary Staff Medical Officer - Primary Care Walk In Unit, Pensacola Naval Hospital,
Pensacola FL. October 1, 1988 to April 6, 1989.

Naval Aerospace Medical Institute – October 1988 to April 1989

Chief, Medical Operations, Naval Air Development Center -Warminster PA. April 19,
1989 to June 30, 1991.

- Responsible for medical safety, physical exams, and medical clearance for acceleration and thermal stress research subjects as well as member of the Institutional Review Board for human subject research
- Received Naval Achievement Medal for participation in design, flight test, and production of Nuclear/Biological/Chemical Defense gear for Navy and Marine Corp Tactical Aircraft
- DOD Space Shuttle Support Flight Surgeon for STS 41 (Atlantis, October 6, 1990) and STS 35 (Columbia, December 2, 1990)

Fleet Hospital 22, Officer In Charge, Primus Detachment Fort Schuyler, New York 1991-
1994

Reserve Carrier Air Wing 20, augmenting Flight Surgeon, 1994- 2004

US Navy, Medical Outreach Program, Ghana Africa, September 2003

- US Navy team of health care providers that set up clinics in 8 villages in Ghana and provided medical care to over 10,000 people in austere conditions

One-year recall to active duty in support of Operation Enduring Freedom

- Naval Hospital Camp Pendleton Emergency Department, Camp Pendleton CA 10/04 to 4/05
- Naval Medical Center Portsmouth Emergency Department, Portsmouth VA 5/05 to 8/05

Military Awards

US Naval Flight Surgeon Wings Naval Achievement Medal
National Defense Service Medal – two awards
Global War on Terrorism Service Medal

Armed Forces Reserve Medal with silver hourglass and M mobilization award
Outstanding Volunteer Service Medal
Expert Pistol Medal
Marksman Rifle Ribbon

H. Honors and Awards

General Honors Program - University of Pennsylvania 1979-1983
Benjamin Franklin Scholar - University of Pennsylvania 1979-1983
Academic Distinction - Biology, University of Pennsylvania 1983
Academic Honors - Neurosurgery, Hahnemann University 1987
Academic Distinction - Neurosurgery, Hahnemann University 1987
National Defense Service Medal – two awards
Global War on Terrorism Service Medal
Armed Forces Reserve Medal with silver hourglass and M mobilization award
Outstanding Volunteer Service Medal
Naval Achievement Medal 1991
Expert Pistol Medal
Marksman Rifle Ribbon
Distinguished Alumni Award (Research) 2012 Drexel University College of
Medicine
Alpha Omega Alpha Honor Medical Society 2013 Drexel University College of
Medicine
Award of Special Recognition from USAF Pararescue and University of New
Mexico Emergency Medical Services Academy 2015

I. Membership and Offices in Professional Societies

Office

President Elect- Executive Committee of the Association of Academic Chairs of
Emergency Medicine
Society Representative for Association of American Medical Colleges – College
of Faculty and Advisory Societies Representative – AACEM (2016 to
present)
National ACEP Councilor – Pennsylvania Chapter Representative (2018 to
present)
Board of Directors – Pennsylvania ACEP (2019 to present)
Board of Directors – Drexel University College of Medicine Alumni (2017 to
present)

Fellow

Fellow of the American College of Medical Toxicology
Fellow of the American Academy of Emergency Medicine
Fellow of the American College of Emergency Physicians
Associate Fellow of the Aerospace Medical Association

Societies

Phi Lambda Epsilon, Honorary Chemical Society, April 1982
AsMA Space Medicine Branch, October 1987 to present
Aerospace Medical Association (AsMA) 1987 to present
Society of Academic Emergency Medicine 1993 to present
American Academy of Clinical Toxicologists 1994 to present
American Academy of Emergency Medicine 1997 to present
American College of Medical Toxicology 1999 to present
American College of Emergency Physicians 2006 to present
Association of Academic Chairs in Emergency Medicine 2006 to present

J. Professional Committees and Administrative Service

1. Institutional

Committees

Clinical

Chair, Emergency Management Committee – Medical College of Pennsylvania
Hospital 1997 to 2000
Trauma Subcommittee - Medical College of Pennsylvania Hospital 1997 to 2000
Critical Care Subcommittee - Medical College of Pennsylvania Hospital 1997 to
2000
Medical Executive Committee - Hahnemann University Hospital, 2000 to present
Trauma Subcommittee – Hahnemann University Hospital 1999 – 2002

Revenue Cycle Committee – Chair of Registration Sub-committee, DUCOM
2007 -2009
Finance, Planning and Development Committee- Drexel University College of
Medicine 2006
Quality Committee, DUCOM 2006 to present
Hospital Peer Review Committee, Hahnemann University Hospital 2008 to 2015
DUCOM Research Committee – Ex officio 2008 to 2013
Chair, Marketing and Business Development Committee DUCOM 2008 to 2013
Chair, Search Committee, Department of Surgery Chairperson, DUCOM 2010 to
2011
Chair, Search Committee, Department of Neurology Chairperson, DUCOM, 2013
to 2014
Chair, Emergency Medicine Performance Improvement Council, Hahnemann
University Hospital – 2017 to 2019
Chair, Emergency Medicine Performance Improvement Team, Crozer Chester
Medical Center – 2020 to present

Research

Coulter Oversight Committee for Translation Research Grants (2015 to present)
DUCOM Research Committee – Ex officio 2008 to 2013

Educational

Director of CME Program, Emergency Medicine, 2000-2007

Department of Emergency Medicine Grand Rounds Coordinator 2003 - 2007
Graduate Medical Education Committee, Drexel University College of Medicine
2000 – 2007

Strategic Planning Committee – Drexel University College of Medicine 2007
Education Coordinating Curriculum Committee - DUCOM 2006 – 2009

Drexel University College of Medicine LCME Self Study Task Force 2011-13
Drexel University College of Medicine Curriculum Redesign –
Foundations and Frontiers, Department of Emergency Medicine
Implementation of “Applications” and “Transitions” Phase of Curriculum
Redesign 2016 to present.

Emergency Medicine Residency Curriculum redesign (ongoing)
– extensive learner centered redesign of EM Residency curriculum with
emphasis on active learning, social capital, formative feedback, building
resilience, and enhancing faculty teaching skills. Resulted in Full
Continued ACGME Accreditation in 2017

Undergraduate Medical Education Task Force – LCME Self Study 2018

Phase 2/3 ECC Subcommittee – DUCOM 2019 to present

Administrative Service

Medical Director, Emergency Center, Medical College of Pennsylvania Hospital
July 1997 to June 2000.

- Lead improvements in charting (implementation of T- System Charting which dramatically improved billing and charge capture)
- Successful Pennsylvania Trauma Foundation Survey resulting in 5 year accreditation as Level 1 Trauma Center
- Successful JCAHO survey 1999

Director EMS Services for Republican National Convention, Tenet Pennsylvania Region, July and August 2000.

- Responsible for coordinating over 60 Physician/Nurses/EMS Rescue services at several venues for RNC, including the convention floor at First Union Center and Spectrum.

Clinical Service Chief, Emergency Medicine – Hahnemann University Hospital
December 2000 to June 2002

- Chief of Service – Improvement in Performance Indicators such as admission/transfer times for psychiatric patients
- Successful Pennsylvania Trauma Foundation Survey resulting in 5 year accreditation as Level 1 Trauma Center
- Successful JCAHO survey 2002

Hurricane Katrina Response 2005 Coordinated 2-day emergency response team from Hahnemann University Hospital to receive evacuees from Hurricane Katrina at Philadelphia Airport – 2005

Chairman of the Board, Drexel University Physicians 2012 to 2014 –
Reinvigorated Board and Executive Committee by involving section chiefs and administrators. Guided DUP through difficult cost cutting measures through collaborative teamwork between Departments.

Interim CEO, Drexel University Physicians 2014 to 2015 - Guided Drexel University Physician group through its first retreat, and developed a strategic road map to pursue the Triple Aim. Tackled many other initiatives and stewarded the development of significant policy changes that resolved long standing compliance challenges and reduced expenses for the practice plan. Stepped down to return to activities as Chair and assist with transition of permanent CEO.

World Meeting of Families Planning Team – Papal Visit September 2015 –
Coordinated delivery of Emergency Medicine at three area hospitals including

Hahnemann University Hospital that was within the security zone for world event which attracted 1 million visitors.

Drexel University Closed Point of Dispensing Manager – 20013 to present
Successfully completed a 3year effort to develop a Closed POD Program for Drexel University serving 50,000 members of the community with a successful activation drill in collaboration of Philadelphia Department of Health in June 2016.

Manager, Faculty Representative – Dragon Risk Limited, 2013 to 2020

1. Extramural

National/International

Chief of Medical Operations, NASTAR Center (National Aerospace Training Center) Southampton PA – 2006 to present

Completed centrifuge training of well over 75 commercial astronauts Fall 2007 as well as ongoing training of Virgin Galactic commercial astronauts. Created Internal IRB to develop research program as well as aeromedical standards for human subject testing, training, and research.

Medical Advisory Board, Virgin Galactic 2008 to present

Society of Academic Emergency Medicine SAEM

Social Media Committee 2015 to 2019

Toxicology Interest Group 2015 to present

GME Consultative Services Committee 2014 to present

External Collaborations Committee 2015 to 2017

Academy of Diversity and Inclusion in Emergency Medicine 2020 to present

American College of Medical Toxicology ACMT

Public Affairs Committee 2010 to 215

Quality Metrics Committee 207 to present

Editorial Board

Emergency Medicine News 1999 to present

Journal of Case Reports in Medicine 2014 to present

Examiner for professional organizations

Oral Board Examiner – American Board of Emergency Medicine, 2002 to 2010

Grant Reviewer

American Institute of Biological Sciences 2007-2009

Journal Reviewer

Academic Emergency Medicine 1995 to present
American Journal of Industrial Medicine 1998 to present
Clinical Toxicology 1998 to present
North American Congress of Clinical Toxicology – Occupational
Toxicology Section 1998 to 2005
Physiology and Behavior 2017 to present
BioMed Central Infectious Diseases 2015 to present
Visual Neuroscience 2014 to present
Risk Analysis 2005 to present

K. Community Service

Jenkintown Youth Association – Volunteer coach and fundraiser 1997 to 2008
Immaculate Conception Church – Children’s Liturgy Assistant 2000 to present
Catholic Youth Organization – Baseball Coach 2004 to 2010
Immaculate Conception Parish – Finance and Fundraising Committee 2008 to present

L. Educational Activities

1. Courses/Clerkships/Programs

- a. Program Director, Emergency Medicine Residency 1999 to 2007
 - Received Full accreditation by ACGME in October 2003 and reaccreditation for 5 years in 2006
 - Successfully stewarded downsizing of Residency program in response to closure of Medical College of Pennsylvania Hospital
 - Function as Interim Program Co-Director for Radiology Program in 2004
- b. Program Director, Medical Toxicology Fellowship, Department of Emergency Medicine, 1998 to 1999
 - Instituted board review and teaching round improvements which resulted in 100% boards pass rate for fellows

M. Clinical Activities

1. Major Clinical Activities

Emergency Medicine Attending Physician

- a. Crozer Chester Medical Center 2020 to present
- b. Delaware County Medical Center 2020 to present
- c. Springfield Hospital 2020 to present
- d. Taylor Hospital 2020 to present
- e. Hahnemann University Hospital 2000 to 2019
- b.** Roxborough Express Care, Phila PA 2015 to 2018
- c. Roxborough Memorial Hospital, Phila PA 2013 to 2017
- d. St. Joseph’s Hospital, Phila, PA 2010 to 2016 (closed)
- e. Public Health System, Ghana, Africa 2003

Medical Toxicology Consulting Service

- a. Crozer Chester Medical Center 2020 to present
 - b. Hahnemann University Hospital 2000 to 2019
 - c. Mercy Health System – Mercy Hospital of Philadelphia and Fitzgerald Mercy -
 - d. Consultant St. Christopher’s Hospital for Children – 2000 to present
 - e. Consultant Philadelphia Poison Center (2002 to present)
 - c. Children’s Hospital of Philadelphia (Consulting, Toxicology), Phila PA (2002 to present)
2. Health Care Education of the Lay Community

Numerous appearances on regional and national programs of all five local stations, call in talk and TV shows discussing Emergency Medicine, Terrorism, Anthrax, Chemical Weapons, Dirty Bombs, Poisonings, Environmental Exposures, Disaster Medicine, and Domestic Preparedness

Bright Hope Baptist Church “Bioterrorism: What the Public Should Know”. December 2001

National Youth Leadership Forum: Panel Speaker “Protecting the Homeland: The Multi-Faceted Response to Bioterrorism”. Villanova University, April 2002.

Bux-Mont Chapter of the Pennsylvania Health System Pharmacists “The Pharmacists and Weapons of Mass Destruction: Anti-infectives, Antidotes, & Anti-terrorism.” April 9, 2002.

Philadelphia Chapter of the American Association of Occupational Health Nurses – “Emergency Toxicology for Occupational Health Nurses”. February 28, 2002

Greater Philadelphia Chamber of Commerce Health Care Forum – “Bioterrorism and Emergency Preparedness”. January 2002

N. Support

Grants/Contracts/Support:

Extramural:

Bristol Meyers Squibb Educational Grant. Infectious Emergencies Education. 1997

Carelift International Educational Grant for International Emergency Medicine Workshop with Nurses and Physicians and from Croatia and Estonia 1997

Bureau of Labor Statistics, Center for Fatal Occupational Injury - November 1998 to 2001: Michael Greenberg M.D. and Richard J Hamilton M.D. Evaluation of workplace deaths and their relationship to drugs of abuse and alcohol.

Foundation for Educations and Research in Neurologic Emergencies. Resident Education Grant 1999.

City of Philadelphia Police Department Accident Investigation Division - January 99 to present: Contract services to provide expert testimony and forensic toxicology reports for forensic drug tests relating to motor vehicle violations and accidents.

Florida Power and Light - June 2000 -2001. Environmental Toxicology / Risk Communication Expertise for Natural Gas Power Plant Project Linfield PA

ACMT – Potassium Iodide advisory group 2002 \$2,000

Scios, Inc – Educational Grant for Department of Emergency Medicine Residency Program 2002

Tarascon Pharmacopoeia – Editor in Chief – Contract - \$100,000 annual support per year ongoing from JB Learning 2009 to present

Closure Medical Corporation – 2008 to 2010 – Clinical Trial enrolling patients for DERMABOND PROTAPE to DERMABOND HVD for closure of simple, thoroughly cleansed, trauma-induced wounds in the Emergency Department – Site Investigator support \$32,000

PI: Richard Hamilton, MD Sponsor: Shire Orphan Therapeutics, Inc. 2015 DUCOM ID NO.: 14030385 Department: Emergency Medicine Study Title: HGT-FIR-096 A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Clinical Study Evaluating the Safety and Efficacy of Icatibant as a Treatment for Angiotensin-Converting Enzyme Inhibitor (ACE-I)-Induced Angioedema in Adults. \$55,000

PI: Richard Hamilton, MD. Sponsor: 2020 Commonwealth of Pennsylvania, Department of Environmental Protection, Bureau of Safe Drinking Water for toxicology services to review and evaluate human health effects and toxicology data, epidemiological studies and reports for several per- and polyfluoroalkyl substances (PFAS), including perfluorobutanesulfonic acid (PFBS), perfluoroheptanoic acid (PFHpA), perfluorohexanesulfonic acid (PFHxS), perfluorononanoic acid (PFNA), perfluorooctanesulfonic acid (PFOS), and perfluorooctanoic acid (PFOA); recommend toxicology values for these PFAS; and support the development of health-based Pennsylvania State Maximum Contaminant Levels (MCL) in drinking water using a risk assessment approach. \$214,000 over one year

Intramural Grants

Development of Warfighter Response Technologies –2007 - PI Banu Onaral – Co Investigator grant \$12,600

Coulter Foundation Award: Fast Plasma-assisted Hand Disinfection or Sterilization System. 2011 Co-PI's: Gregory Fridman (Drexel U, Biomed), Richard Hamilton (DUCOM, Dept. of Emergency Medicine), Suresh Joshi (DUCOM, Dept. of Surgery), Mark Ingermann (Lankenau Hospital, Dept. of Infectious Disease) Co-PI support \$1600

Drexel Innovation Fund: April 2016 - \$75,000 fund for ChartWorm, a mobile application that aggregates health care information from patient portals to improve health outcomes.

O. Graduate Students, Post Doctoral Fellows, and Postgraduate Trainees

Emergency Medicine Residency Class #26 - 1999

Ronald Berman, MD Joseph S. Bushra, MD Thomas G. Costantino, MD Eric P. Dilda, MD Denis J. Dollard, MD Marie (Molly) Jancis, MD Laurel H. Krause, MD Ronald A. Lutz, MD Philip S. Mead, MD, MBA Larry A. Nathanson, MD Mimi Novello, MD Maria Paone, MD Bradley L. Pulver, MD David S. Rosen, MD Patrick J. Snowman, MD Jacob W. Ufberg, MD Ingrid L. Williams-Legall, MD

Emergency Medicine Residency Class #27 - 2000

Michelle L. Azer, MD Brad S. Bendesky, MD Matthew P. Bouchard, MD Charles E. Cady, MD Elizabeth I. Fiedler, MD Neal B. Handly, MD Robert G. Hendrickson, MD Norma Jean Johnson-Villanueva, MD Nidhi Kapoor, MD Manisha P. Khatiwala, MD Anthony P. Morocco, MD Michael V. Rainer, MD Edward S. Rotunda, MD Amy K. Schantz-Rontal, MD Ryan L. Tenzer, MD Regan B. Wylie, MD Ernest L. Yeh, MD

Emergency Medicine Residency Class #28 - 2001

Andrew P. Baniukiewicz, MD Manuel Correia, MD Jeffrey T. Crowder, MD William G. Davenport, Jr., MD Jeremy J. Dayner, MD Christopher E. Graziano, MD Glenn Geeting, MD Craig Gronczewski, MD Jeffrey E. Halstead, MD Ernest Leber, MD Setu S. Mazumdar, MD Sally Speck, MD Andrew Risner, MD Ben Usatch, MD David A. White, MD

Emergency Medicine Residency Class #29 - 2002

Eric C. Bruno, MD Jason B. Daniels, MD John P. Fojtik, MD Francis P. Fynnwilliams, MD Vibha P. Gambhir, MD Jeffrey J. Kenney, MD Sonya Y. Kim, MD Miha Singh Lucas, MD Alison Portnoy - Crawford, MD Brian Rubenstein, MD Sharon R. Sloan, MD Richard A. Stagliano, MD Tricia C. Villanueva, MD Amit Wadhwa, MD Colleen Wladyslawski, MD

Emergency Medicine Residency Class #30 - 2003

John W. Berry, MD Michael J. Breyer, MD Vonzella A. Bryant, MD Andrew C. Furman, MD Jeffrey F. George, MD James B. Goldberg, MD Rebecca S. Guest, MD Maria L. Halluska, MD Rachel Haroz, MD Kyu Y. Kim, MD Jeffrey A. Kramer, MD Peter D.

Sananman, MD Jason C. Stillwagon, MD Steven J. Thompson, MD Edward C. Tinker, MD

Emergency Medicine Residency Class #31 - 2004

Tamara [Bihuniak] Bogush, MD Arthur S. Chang, MD John Curtis, MD Polly Dole, MD Jennifer Kiss, MD Kurt Kusserow, MD Todd McGrath, MD Bjorn Miller, MD Nissa Novas, MD Valerie Novellano, MD Aman Parikh, MD Michelle Peters, MD Matthew Salzman, MD Gregory Schneider, MD Brian Schwartzberg, MD Harneet Sethi, MD Michael Thomas, MD

Emergency Medicine Residency Class #32 - 2005

Katherine Douglass, MD Michael Dumin, MD Beletshachew Girma, MD Robyn Hoelle, MD Michael Hopkins, MD Michael Horowitz, MD Jason Kitchen, MD Karen Lefrak, MD Brenda Liu, MD Anthony Mazzeo, MD Christopher McCrae, MD Dziwe Ntaba, MD Catherine Pelletier, MD Benjamin Roemer, MD Kristen Sandel, MD Grant Wei, MD

Emergency Medicine Residency Class #33 - 2006

Kesha Allen, MD Sobia Ansari, MD Kimber Bogush, MD Wendymarie Gejer, MD Jennifer Harris, MD Anita Lynn Haynes, MD Kevin Lin, MD Jane McGarvey, MD John Makopoulos, MD Julie Marquez, MD Daniel Mullin, MD Ritu Saluja, MD Richard Shoemaker, MD Sydney Shrader, MD Serge-Emile Simpson, MD Jennifer Wiler, MD, MBA Danielle [Parker]Wolff, MD

Emergency Medicine Residency Class #34 2007

Ritesh Bhandari, MD, Brent Crabtree, MD Joseph D'Orazio, MD Christopher Johnson, MD Justin Mazur, MD Praveen Mital, MD Betty [Momenian] Dinarte, MD Susanne Prince, MD Ronnie Shalev, MD Jeremy Teppig, DO David Wein, MD Daniel Weiss, MD

P. Bibliography

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Hamilton RJ, Perrone J, Hoffman RS, Henretig, Karkevandan E, Marcus S, Shih R, Blok B, Nordenholz K: A descriptive study of an epidemic of poisoning caused by heroin adulterated with scopolamine. *J Tox Clin Tox* 2000;38:597-608. PMID: 11185966

King BR, Hamilton RJ, Kassutto Z: "Tail of Newt": Pediatric Emergency Care 2000;16:268-9. PMID: 10966349

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2.B. Book Chapters

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Chapter Titles:

CNS-Adult-Gerontology. CNS-Home Health. Cardiology. Critical Care. Endocrinology. Geriatrics. Pediatric-Cardiology. Pediatric-Nephrology. Surgery-Cardiac. Surgery-Vascular. USMLE I. USMLE II. COMLEX I. NP-Gerontology Primary Care. Nurse-LPN/LVN NCLEX PN.Nurse-NCLEX. Nurse-Emergency (CEN). Comprehensive Basic Sci-Shelf. Intro Clinical Diagnosis-Shelf. Pharmacy-Critical Care. Surgery-Podiatry APMLE Part 1.Pharmacy-Cardiac. PA-Cardiovascular/Thoracic. ACLS. NP-Adult Acute Gerontology. Nurse-Cardiovascular CVN/CVRN. Nurse-Critical Care (CCRN). Nurse-Medical/Surgical. Nurse-Progressive Care (PCCN). EMT-Critical Care Paramedic. Ambulatory and Urgent Care. Emergency Medicine. Family Medicine. Pediatric-Critical Care. Pediatric-Emergency Medicine. SPEX. USMLE III. COMLEX II. COMLEX III. NP-Family. PA-PANCE. Pharmacy-NAPLEX Review. Pharmacy-Pharmacotherapy. Pharmacy-Geriatric. NP-Emergency Medicine. Radiology-Reproductive. PA-PANRE. Emergency-Medical Services. PA-Emergency Medicine. UK Professional-Assessment Part I. National Assessment-Canada. Medical Canada-Evaluating Exam. India Medical Exam (AIPGMEE). Pediatrics-Hospital Medicine. Physical Therapy. Neurology. Pediatric-Neurology. Pediatric-Pulmonology. Surgery-Thoracic. Clinical Neurology-Shelf. Surgery-Podiatry APMLE Part 3. Physical Therapy-Neurology. Neurology-Critical Care. Surgery-Podiatry Cert Medicine. Pulmonary. Toxicology. Respiratory Therapist. Australian Medical-Adaptive. EMT-Paramedic. Undersea and Hyperbaric. Nurse-Hyperbaric (CHRN). Nurse-Pediatric Emergency CPEN. Nurse-Trauma (TNCC). Medical Canada-Qualifying Pt I. EMT-Flight Paramedic. Nurse-Trauma (TCRN). Nurse-Emergency Nursing Pediatric Course (ENPC). Nurse-Prehospital (PA PHRN). Nurse-Mobile Intensive Care MICN. Anesthesiology. Anesthesiology-Cardiothoracic. Nurse Anesthetist. Anesthesiology-Pediatric. AEMT-Intermediate. Lab-Medical Lab Assistant. Lab-Medical Technologist.

Lab-Medical Technician. Lab-Phlebotomy Technician. CNS-Public Community Health. Adolescent Medicine. Internal Medicine. Public and Preventive Medicine. Surgery-Obstetrics/Gynecology. NP-Adult. Nurse-Addiction (CARN). Nurse-Perianesthesia CAPA/CPAN. Nurse-Corrections (CCN). Nurse-Flight Registered (CFRN). Nurse-Pediatric (CPN). Nurse-School (NCSN). Nurse-Transport (CTRN). Nurse-Urologic Registered. Adult Ambulatory-Shelf. Family Medicine-Shelf. Compliance Physician. NP-Women's Health Care. Nurse-Neonatal Transport C-NPT. NBDE Part II-Public Health. EMT-Community Paramedic. Lab-Clinical Scientist. Lab-Clinical Technician. Pharmacy-Ambulatory Care. Pharmacy-Technician (PTCB). Nurse-Gerontology (NCA). Nurse-Infusion (CRNI). PT-Cardiovascular/Pulmonary. Cardiovascular. Pharmacology-Shelf. Treatment Medical. Prognosis Complications. Nervous. Pulmonary. Toxicology. Physiology-Shelf. Toxicology. History Physical. Pathology-Shelf. Patient Education. Biochemistry-Shelf. Evaluation Lab. Legal. Therapeutics.

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Khalid MM, Hamilton RJ. Toxicity, Beta-Blocker. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2017 Jun-. 2017 Oct 9. PMID: 28846217

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3. Other Communications

EMTOXCAST.com: Ongoing medical blog and podcast to create flipped classroom, social media based education learning, and ongoing learner engagement since 2015

EM Board Prep Fact of the Day: Free Open Access Medical Education tweet for emergency medicine residents and physicians containing an important fact to prepare them for inservice exams and the boards. Available @EMBoardPrep since 2015

Tox Board Prep Fact of the Day: Free Open Access Medical education tweet for medical toxicology fellows and physicians containing an important fact to prepare them for inservice exams and the boards. Available @ToxBoardPrep and published at the American College of Medical Toxicology Board Review Course October 2016, Salt Lake City Utah.

4. Book Reviews

Hamilton RJ: Book Review: L.S. Nelson, R.D. Shih and M.J. Balick, Handbook of Poisonous & Injurious Plants, 2nd Edition. Ann Emerg Med 2008;51:218.

5. Abstracts / Research Presentations

Peer Reviewed

Chase R, Heiman-Patterson T, Lowenthal D, Kendrick Z, Zuzu M, Porter R, Hamilton R: Effect of Beta Blockade on Glycogen Content with Acute Exercise in the Vastus Intermedius of the Rat. The Pharmacologist. 1985;27:133.

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Hamilton R, Carter W, Gallagher E: Rapid improvement of acute pulmonary edema with sublingual captopril. Platform Presentation at Society for Academic Emergency Medicine, May 1994: Washington D.C.

Hamilton R, Perrone J, Meggs WJ, Brubacher J, Deroos F, Nelson L, Shih RD, Hoffman RS: Epidemic Anticholinergic Poisoning from Scopolamine Tainted Heroin. Presentation at North American Congress of Clinical Toxicology, September 1995: Rochester, NY.

Chiang R, Hamilton R, Carter W: Effect of an Emergency Medicine residency on the role of cricothyroidotomy in trauma patients. Poster presentation at the Society of Academic Emergency Medicine, Denver CO, May 1996.

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Heller M, Barr G, Hamilton R, Jacobs D: Effect of a Rapid Saliva Test for Estimating Blood Ethanol Levels on Emergency Triage Decision Making. Platform presentation at the Research Symposium of the American College of Emergency Physicians, September 1997: San Francisco, CA.

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Wylie Regan, Hamilton R. Visual Diagnosis: Sternoclavicular pyarthrosis. SAEM Annual Meeting, Atlanta GA. May 2001

Hendrickson RG, Hamilton R. Coworker casualties in Hydrogen Sulfide Poisoning. American Academy of Emergency Medicine International Meeting, Stressa Italy, September 2001.

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Hamilton RJ. Abstract: Out-of-hospital care of critical drug overdoses involving cardiac arrest. *Ann Emerg Med* 2004;44:288-288

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Gejer W, Hamilton R. Abstract: The Degree To Which Defensive Medicine Influences The Ordering Pattern Of Ankle Radiographs In The Emergency Department. Drexel University Research Day April 2006, Philadelphia PA

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Wei G, Hamilton R Abstract: "Nerve Agent Antidote Kits (NAAK) enable nurses to treat more patients in nerve agent mass casualty scenarios." SAEM Annual Meeting, San Francisco, May 2006

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Dreher E, Dash R, Demirkan T, Yachamaneni S, Hamilton RJ, Gogotsi Y. Nanoporous Carbon as Biological Enterosorbent and Adsorbent for Hemoperfusion. Biotech 2008 Innovation Corridor, Philadelphia PA, November 2008.

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Nocera R, Ramoska E, Hamilton R. Building a Resident Research Program. *WestJEM* 2015;6 (supp); S7-8. CORD Academic Assembly, Phoenix Arizona April 2015.

Hamilton R, Raina A, Gualtieri E, Craven P, Simmons I, Nocera R. Chartworm: Engaging and empowering patients. BIO International Convention. Philadelphia PA June 2015.

Parsons JR, Crichlow AV, Hamilton RJ. Simulation IQ CaseMaster: Can deliberate practice on a cloud-based interactive medical simulation program improve scores on a mock oral emergency medicine board exam? ePoster presented at IMSH Society for Simulation in Healthcare, Orlando FL January 2017

Hamilton R, Hildreth A, Treuger S, Gussow L. Can Social Media save Medicine? Poster Presentation at AAMC Council of Faculty and Advisory Societies Annual Meeting 2018, Chicago, March, 2018.

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presentation of the 38th Congress of the EAPCCT, Bucharest, Romania, May 2018.
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Patel P, Hamilton R, Ramzy M, Teufel J, Laub G, Kresh JY. Electrically tuned collagen hydrogel: a surrogate conductive 3D biomaterial for studying / simulating cardiac defibrillation. Drexel Discovery Day Poster Presentation. October 2018

Ramzy M, Hamilton R, Teufel J, Laub GW, Kresh JY. Dual defibrillation (DD) is highly variable (heterogenous): an analysis of pulse interval in simulated delivery of DD. Drexel Discovery Day Poster Presentation. October 2018

Dela Cruz M, Ershad M, Mostafa AMT, Khalid M, Arnold R, Hamilton R. A Case Series of Heroin Adulterated with the Novel Synthetic Cannabinoid, 5F-MDMB-PINACA, in Philadelphia, Pennsylvania, USA. J Med. Toxicol 2019;15: 79.
<https://doi.org/10.1007/s13181-019-00699-x> ACMT Annual Scientific Meeting, March 2019, San Francisco CA.

Non-Peer Reviewed Publications

Gronczewski C: "Always investigate wounds for potential foreign bodies." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 12, December 1999.

Bouchard M: "Never withhold analgesics in a patient with abdominal pain." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 11, November 1999.

Bendesky B: "Always splint and follow-up wrist injuries with scaphoid tenderness." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 10, October 1999.

Crowder J: "Always check a chest xray after inserting a central venous catheter." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 9, September 1999.

Rotunda T: "Always check the Thompson test and for fibular head tenderness in a patient with an ankle injury." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 7, August 1999.

Hendrickson RG: "Can Complications of Intubation be Evaluated without a Radiograph? Always Perform a Chest Xray after intubation." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXI, Number 7, July 1999.

Greenberg M, Hamilton R, Tuscano G. Analysis of Toxicology Reports from 1993 to 1994 Census for Fatal Occupational Injuries. Compensation and working conditions. Fall 1999, p 26 –28.

Hamilton RJ: "Never be axiomatic." Axioms in Emergency: Emergency Medicine News, Volume XXI, Number 7, July 1999.

Mazumdar S: "Never rely on the white blood count to diagnose appendicitis". Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 12, December 2000.

Hamilton RJ: "Celecoxib: Good news but no cause to CELEBrate" Emergency Medicine Alerts, November 2000.

Leber E: "Never lower the blood pressure faster than it has risen". Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 11, November 2000.

Hamilton RJ: Inhaled Corticosteroids in Asthma "" Emergency Medicine Alerts, October 2000.

Risner A: "The vital signs are always vital". Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 10, October 2000.

Crowder J: "Always check a chest xray after placing a central venous catheter." Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 9, September 2000.

Bruno E: "Never dead until warmed and dead." Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 8, August 2000.

Hamilton RJ: "Cocaine coronary ischemia: platelets at the heart of the problem" Emergency Medicine Alerts, July 2000.

Morocco A: "Always obtain a tetanus history from patients with wounds." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 7, July 2000.

Wylie R: "Always perform an LP following a negative CT scan when evaluating subarachnoid hemorrhage." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 6, June 2000.

Geeting G: "Axiom: Always check an acetaminophen level and a pregnancy test when evaluating an intentional overdose." Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXII, Number 5, May 2000.

Hamilton RJ: "Aseptic vs Bacterial Meningitis" Emergency Medicine Alerts, May 2000.

Baniukiewicz A: "Always admit patients with posterior nasal packs." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 4, April 2000.

Hamilton RJ: "Clinical Scores, Vegas, and Pulmonary Embolus: A tale of playing the odds" Emergency Medicine Alerts, March 2001.

Fojtik J: "Never patch corneal abrasion in a contact lens wearer." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 3, March 2000.

Tenzer R: "Gastroenteritis: Never a discharge diagnosis in the elderly." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 2, February 2000.

Schantz A: "Never do a pelvic exam in a third trimester bleed." Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXII, Number 1, January 2000.

Speck, S: "Consider Ectopic Pregnancy First in Women of Reproductive Age with Abdominal Pain", Volume XXIII, Number 3, January 2001, pp. 17-18

Hamilton RJ: "Over the counter diet agents: dramatic evidence for stroke and health risk" Emergency Medicine Alerts, February 2001.

Hamilton RJ: "Special Feature: Carbon Monoxide Poisoning: 'Tis the Season" Emergency Medicine Alerts, February 2001.

Gronczewski C: "Finished a Night Shift? Always Take a Brief Nap Before Driving," Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 2, February 2001, p. 10.

Davenport W: "Knee Dislocations Are Always a Threat for Vascular Injury", Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 3, March 2001, p. 21

Hamilton RJ: "Fomepizole for Methanol Poisoning" Emergency Medicine Alerts, May 2001.

Gambhir V: "Always Treat Nasal Packing with Antibiotics", Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 4, April 2001, p. 44.

Crowder J: “Always consider compartment syndrome in the painful or pulseless posttraumatic extremity” Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 5, May 2001, pp. 32-33.

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Hamilton RJ: “Flying Fast – Can you keep up?” Emergency Medicine Alerts, July 2001.

Dayner J: “Always Obtain Radiographs of the Lumbar Spine, Pelvis, and Calcaneus in Jumper Syndrome”. Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 7, July 2001, p. 23-24.

Tinker C: “Not All That Wheezes is Asthma” Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 8, August 2001, p. 36, 57.

Hamilton RJ: “Fosphenytoin – a new option for Trigeminal Neuralgia Crisis” Emergency Medicine Alerts, September 2001.

Kim K: “No Decon, No ER Entry!” Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 1, September 2001, pp 38,41.

George J: “All dorsal hand lacerations have extensor tendon injuries”. Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 5, October 2001, pp23-4.

Hamilton RJ: “EMS use of benzos safely stops status” Emergency Medicine Alerts, December 2001.

Wahdwa, A. “Always splint with function in mind”. Hamilton RJ, ed. Axioms in Emergency Medicine in Emergency Medicine News, Volume XXIII, Number 12, December 2001, pp22, 25.

Stagliano R: “Always check a fingerstick in the presence of neurologic changes,” Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 1, January 2002.

Fynnwilliams F, Hamilton R: “CT before LP in meningitis: axiom or myth?” Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 2, February 2002.

Hamilton RJ: “Vitamin K for warfarin induced coagulopathy”. Emergency Medicine Alerts, March 2002.

Hamilton RJ: "Hypothermia after cardiac arrest". Emergency Medicine Alerts, May 2002.

Portnoy A: "Always check a rectal temperature when you suspect a febrile illness," Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 5, May 2002.

Sananman P: "Always perform a testicular exam in males with abdominal pain". Emergency Medicine Alerts, June 2002.

Hamilton RJ: "ED Overcrowding: New research on an old problem". Emergency Medicine Alerts, June 2002.

Kenny J: "Always auscultate after nasogastric tube placement: Axiom or myth?" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 7, July 2002.

Burshtein R: "Never use calcium channel blockers in a wide complex tachycardia," Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 8, August 2002.

Hamilton RJ: "Hypotensive Trauma Resuscitation". Emergency Medicine Alerts, August 2002.

Bryant V: "Always consider an upper GI source for rectal bleeding," Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 10, October 2002.

McGrath T: "Always immobilize the cervical spine in a blunt trauma patient – axiom or myth?" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 11, November 2002.

Thompson S: "Mandatory exploration for penetrating neck trauma: Axiom or myth?" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXIV, Number 12, December 2002.

Chang A: "The six-hour toxic mushroom rule: Axiom or myth?" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXV, Number 1, January 2003

Hamilton RJ. "Abstract and Review: Meperidine versus ketorolac for biliary tract pain ." Emergency Medicine Alerts, October 2003.

Hamilton RJ. "Abstract and Review: A comparison of vasopressin and epinephrine for out of hospital cardiac resuscitation." Emergency Medicine Alerts, August 2003.

Hamilton RJ. "Abstract and Review: Valsartan is no better than captopril in MI patients with failure." Emergency Medicine Alerts, June 2003.

Hamilton RJ. "Abstract and Review: CURE, Clopidogrel, and aspirin: A good study, a nice adjunct, and the real deal." Emergency Medicine Alerts, May 2003.

Hamilton RJ. "Abstract and Review: Glasgow Coma Scale - the power is in the motor." Emergency Medicine Alerts, March 2003.

Hamilton RJ. "Abstract and Review: Intramuscular versus oral dexamethasone for croup." Emergency Medicine Alerts, January 2003.

Tepig J. "Axiom: Always consider Malaria in a traveler with a fever". Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXVI, Number 9, September 2004.

Liu B. "Axiom or myth: Always obtain blood cultures in CAP". Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXVI, Number 10, October 2004.

Johnson C. "Axiom in Wilderness Medicine: Always be prepared". Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXVI, Number 11, November 2004.

Prince S, Hamilton RJ: "Axiom or Myth: Cutaneous abscesses – simple I&D may not be enough anymore. Emergency Medicine News, Volume XXVI, Number 12, December 2004.

Hamilton RJ. Abstract and commentary: Clinical Features and Prognostic Factors in Adults with Bacterial Meningitis. Emergency Medicine Alerts, January 2005.

Hamilton RJ. Special Feature: Arachnophobia: Spider Bites in the Emergency Department. Emergency Medicine Alerts, March 2005.

Wein D. "Axiom or Myth: Always start a bicarbonate drip for rhabdomyolysis?" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXVII, Number 6, June 2005.

McClain N, Hamilton RJ. "Neither be the first nor the last to prescribe a new drug" Hamilton RJ, ed. Axioms in Emergency Medicine: Emergency Medicine News, Volume XXVIII, Number 4, April 2006

Q. Presentations

1. Invited Presentations

Local

Invited Presentation, “The Role of the Emergency Medicine Specialist.” Crozer-Keystone Cardiovascular Update 2020: The Next Decade in Cardiac Care. Springfield, PA. February 29, 2020.

Grand Rounds, “Synthetic Cannabinoids: A Manufactured Epidemic” Albert Einstein Hospital, City Wide Toxicology Conference. February 2017, Phila PA

Panelist: “Medication adherence and reduction of emergency room visits: A learning collaborative forum.” Sponsored by The Philadelphia Coalition and Drexel University College of Nursing and Health Professions. Community Behavioral Health Philadelphia PA June 2016

Grand Rounds, “Synthetic Cannabinoids: A Manufactured Epidemic” Morristown Memorial Hospital. July 2016

Philly Tech Breakfast: ChartWorm: Engaging and Empowering Patients. March 2015, Philadelphia PA.

2015 Entrepreneur Expo: ChartWorm: Engaging and Empowering Patients. April 2015, Philadelphia PA.

Grand Rounds “Alcohol and drug withdrawal in the critically ill”. Reading Hospital Department of Medicine, Reading PA, April 2008.

Grand Rounds, “Drug and Alcohol Withdrawal in the Critically Ill.” Monmouth Medical Center, Monmouth New Jersey, January 2012.

Excellence in Education CME Series, “Cardiovascular Response to Acceleration (G) Forces and Age: Implications for Commercial Space Travel.” Holy Spirit Hospital, Camp Hill PA, November 2011

Invited Presentation “Emergency Medicine Resident Wellness and What Killed Elvis?” Emergency Medicine Department, Temple University, March 2006.

Grand Rounds “Advances in the Emergency Department Treatment of Congestive Heart Failure” Emergency Medicine Department, University of Medicine and Dentistry, Cooper Hospital, Camden, NJ, February 2006.

Pennsylvania ACEP Resident Day “Three new antidotes and a few ancient formulas”. September 28, 2004. Phila, PA

Delaware Valley Regional Chapter of the American Academy of Emergency Medicine
“Antidotes you need to know about 2003”. October 30, 2003 Philadelphia PA.

American Institute of Architects- Healthcare Committee, “Hospital Decontamination
Facilities and Emergency Preparedness”. September 5, 2002 Philadelphia PA

National Youth Leadership Forum: Panel Speaker “Protecting the Homeland: The Multi-
Faceted Response to Bioterrorism”. Villanova University, April, 2002.

Bux-Mont Chapter of the Pennsylvania Health System Pharmacists “The Pharmacists and
Weapons of Mass Destruction: Anti-infectives, Antidotes, & Anti-terrorism.” April 9
2002.

Philadelphia Chapter of the American Association of Occupational Health Nurses –
“Emergency Toxicology for Occupational Health Nurses”. February 28, 2002

Greater Philadelphia Chamber of Commerce Health Care Forum – “Bioterrorism and
Emergency Preparedness”. January 2002

Bright Hope Baptist Church “Bioterrorism: What the Public Should Know”. December
2001

Panel Discussant - The Threat of Biological Terrorism: A Workshop on the Potential Use
of Biological Agents As Weapons” MCP Hahnemann University School Of Medicine,
October 23, 2001.

Grand Rounds “Lead Poisoning” Easton Hospital, Easton PA, October 1999

New York City Poison Center, “An intensive review course in clinical toxicology-
Occupational and Environmental Toxicology” April 1999.

Grand Rounds “Migraines” Warminster Hospital March 1999.

Grand Rounds “Advances in the use of angiotensin converting inhibitors in the
emergency department” Emergency Medicine Department, York Hospital, December
1998, Temple University, August 1998.

Grand Rounds “Advances in the use of angiotensin converting inhibitors in the
emergency department” York Hospital, December 1998.

Grand Rounds “Migraine headache, a case for empiricism” University of Pennsylvania
Department of Emergency Medicine, September 17th, 2002.

Grand Rounds “Carbon Monoxide” Warminster Hospital, October 1997.

National/International

Annual Treat of Association of Academic Chairs in Emergency Medicine: “Emergency Department Overcrowding” March 2019, San Juan, Puerto Rico

Annual Retreat of Association of Academic Chairs in Emergency Medicine: “Social Media Primer for Chairs #getonboard” March 2017, Miami FL

ALLNYCEM 2013 Conference Series – “Migraine headache, a case for empiricism” New York Academy of Medicine, New York City 2013

“Agricultural Terrorism: Fertilizer, Crops and Opportunity. Toxic Industrial Chemicals / Toxic Industrial Materials: Agents of Opportunity for Terrorism. June 13 2005 at Drexel University College of Medicine, cosponsored by American College of Medical Toxicology and Agency for Toxic Substances and Disease Registry.

Panel: Traumatic Brain Injury. Aerospace Medical Association Annual Meeting, New Orleans, LA, May 2007.

Ghana Medical Outreach Program, Educational Symposium, Sekondi, Ghana, Africa “Approach to the Trauma Patient”, “Triage Principles”, and “Emerging Infections, the case for Lassa Fever in West Africa”. September 8 and 9, 2003

Grand Rounds “Carbon Monoxide Toxicity” Cornell Medical Center, NY Presbyterian Hospital Department of Emergency Medicine, March 19th, 2003.

Grand Rounds “Alcohol withdrawal and withdrawal syndromes”. Albert Einstein College of Medicine, Bronx Municipal Hospital Center, Department of Emergency Medicine, October 2001.

Medical College of Pennsylvania Hospital EMS Trauma Symposium. “Hazardous Materials and Decontamination”. July 2001

U.S. Naval War College. “Anthrax” and “Gulf War Syndrome”. Symposium. Medicine in the new millennium. March 2000. Newport, Rhode Island.

Grand Rounds “Advances in the use of angiotensin converting inhibitors in the emergency department” American Academy of Emergency Medicine Scientific Assembly, February 1998, St. Pete Beach, FL

Grand Rounds “Weapons of Mass Destruction: Chemical Agents”, MCP Hahnemann School of Medicine, Emergency Medicine Department. March 1998

Panel Member – International Conference on Aplastic Anemia, sponsored by the Aplastic Anemia Foundation of America, National Heart, Lung Blood Institute – “Toxicological causes of aplastic anemia” Philadelphia PA August 1997

Grand Rounds “Acute Pulmonary Edema” Emergency Medicine Department, NY Hospital - Queens, April 1996, Allegheny University of the Health Sciences MCP-Hahnemann School of Medicine October 1996.

Course Moderator - New York University / Bellevue Hospital Emergency Services, 15th Annual Emergency Medicine Seminar - Airway Management Track. June 3-7, 1996.

New York University / Bellevue Hospital Emergency Services, 15th Annual Emergency Medicine Seminar, June 3-7, 1996; “The Airway Cookbook: Approaches to common airway problems” and “Carbon Monoxide: What every EM Physician should know”.

New York City Poison Center / Bellevue Hospital Emergency Services, An Intensive Review Course in Clinical Toxicology, April 1996; “Cellular Asphyxiants”, “Plant toxin workshop” and “Hypoglycemic Agents”

Emergency Medicine Conference Series, Mount Sinai School of Medicine, August 23, 1995, “Occult Bacteremia”.

Pediatric Conference, Elmhurst Hospital, August 9, 1995; “General Approach to the Poisoned Patient”.

2. Peer Review Competition

Hamilton R. “Sir Percival Pott: Occupational Toxicologist”. Platform Presentation for the Toxicological Historical Society, North American Congress of Clinical Toxicology, September 1997, St. Louis MO.

R. Patents and Inventions

Control of mucus membrane bleeding with cold plasma

Patent number: 8388618

Abstract: The use of non-thermal plasma to treat mucus membrane bleeding is described herein. A non-thermal plasma is generated using an apparatus having a first electrode that receives alternating electrical potentials from a power supply. When placed in an appropriate location proximate to tissue, a non-thermal plasma is generated, the second electrode being human tissue, blood, etc. To reduce the likelihood of an arc being generated, potentially causing tissue damage or pain, the first electrode is partially encapsulated by a dielectric. The non-thermal plasma is applied to the area of bleeding for treatment.

Type: Grant **Filed:** July 18, 2008 **Issued:** March 5, 2013

Assignees: Drexel University, Philadelphia Health & Education Corporation

Inventors: Gregory Fridman, Alexander Fridman, Alexander F. Gutsol, Gennady Friedman, David Staack, Richard J. Hamilton

Provisional:

U.S. Provisional Patent Application No. 62/111,984, filed February 4, 2015

Title: *“Computer-Implemented Methods of Promoting Patient Compliance with One or More Recommended Treatments or Screening Regimens”*

By: Richard Joseph Hamilton Drexel Ref.: 14-1675